PTO/SB/81 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

	ormation unless it displays a valid OMB control number.
Application Number	
Filing Date	May 11, 2005
First Named Inventor	J. Richard Gyory
Title	FREEZE-DRYING MICROSCOPE.
Art Unit	
Examiner Name	
Attorney Docket Number	TPIPO23/WO US

I hereby revoke all	previous powers of attorney given in	the above-identified applie	cation.
I hereby appoint:			
X Practitioners ass	sociated with the Customer Number:	34846	
OR	L		
Practitioner(s) na	amed below:		
	Name	Registra	ation Number
		<u> </u>	
		ļ	
as my/our attorney(s) o Trademark Office conn	r agent(s) to prosecute the application identified ected therewith.	d above, and to transact all busin	ness in the United States Patent and
X The address a OR	ange the correspondence address for the abovessociated with the above-mentioned Customer associated with Customer Number:		· •••
Firm or Individual Name			
Address			
City		State	Zip
Country			
Telephone		Email	
	ntor. cord of the entire interest. See 37 CFR 3.71. er 37 CFR 3.73(b) is enclosed. (Form PTO/SB.	/96)	
		nt or Assignee of Record	
Signature	Of role and la		Date 7/10 9 2005
Name	J. Richard Gyory	, ,	Date May 9, 2005
Title and Company			
NOTE: Signatures of all the signature is required, see b	inventors or assignees of record of the entire interest elow*.	t or their representative(s) are require	ed. Submit multiple forms if more than one
X •Total of 3	forms are submitted.		

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (04-05)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	ormation unless it displays a valid OMB control number.
Filing Date	May 11, 2005
First Named Inventor	J. Richard Gyory
Title	FREEZE-DRYING MICROSCOPE
Art Unit	
Examiner Name	
Attorney Docket Number	TPIP023/WO US

	previous powers of attorney given in	the above-identified appli	cation.
I hereby appoint:			
X Practitioners asso	ociated with the Customer Number:	34846	
OR		· · · · · · · · · · · · · · · · · · ·	
Practitioner(s) na	med below:		
	Name	Registra	ation Number
as my/our attorney(s) or Trademark Office conne	agent(s) to prosecute the application identifie cted therewith.	d above, and to transact all busi	ness in the United States Patent and
	nge the correspondence address for the abov	e-identified application to:	
The address as	ssociated with the above-mentioned Custome	Number:	
The address a	ssociated with Customer Number:		
Firm or Individual Name			
Address		<u> </u>	
]		
City		State	Zip
Country			
Telephone		Email	
I am the: X Applicant/Inven	tor.		
	ord of the entire interest. See 37 CFR 3.71. er 37 CFR 3.73(b) is enclosed. (Form PTO/SB	796)	
	SIGNATURE of Applica	nt or Assignee of Record	
Signature	maral Zanost	<u> </u>	Date 5/10/2005
Name	Javier González-Zugasti		Telephone 781-674-7841
Title and Company	PRINCIPAL ENGINEER, T	RANSFORM PHAR	
NOTE: Signatures of all the signature is required, see be	inventors or assignees of record of the entire interes slow*.	or their representative(s) are require	ed. Submit multiple forms if more than one
X •Total of 3	forms are submitted.		

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

11

PTO/SB/81 (04-05)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
0 a collection of information unless it disptays a valid OMR control sure than the control of the co

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Under the Poperwork Reduction Act of 1995, no persons are re-	O.S. Patent and Tr guired to respond to a collection of info	ademark Office; U.S. DEPARTMENT OF COMMERCE office of the control number
POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	
	Filing Date	May 11, 2005
	First Named Inventor	J. Richard Gyory
	Title ·	FREEZE-DRYING MICROSCOPE
	Art Unit	
	Examiner Name	·
	Attorney Docket Number	TPIPO23/WO US

I hereby revoke all previous	is nowers of attempt air	i= 45 = = 1			
I hereby revoke all previous I hereby appoint:	as powers or attorney giv	ven in the at	ove-identified appl	ication.	
Thereby appoint.					
X Practitioners associated w	rith the Customer Number:	348	146		
OR	į				
Practitioner(s) named belo	ow:				
<u>'</u>	Name		Desiste	ndian Ni-mban	
				ation Number	1
				·	
as my/our attorney(s) or agent(s)	to prosecute the application is	dentified above	, and to transact all bus	iness in the Unit	ed States Patent and
Trademark Office connected the	rewith.				
Please recognize or change the	correspondence address for th	ne above-identi	fied application to:		
11	with the above-mentioned Cu				
OR .		Dame reality	71.	7	
					•
OR The address associated	d with Customer Number:				
Firm or					
Individual Name Address	··· : 1				
Address					
City			Ch-1-	7 5.	
Country			State	Zip	
Telephone			Email		
I am the:	711		Cittel)		
Applicant/Inventor.					
	e entire interest. See 37 CFR :	274			
Statement under 37 CFI	R 3.73(b) is enclosed. (Form P	3.71. PTO/SB/96)			
!	4		ssignes of Record		_
Signature	2000			Date 5	?14
Name Da	vid Putnam /			Telephone 6	1)255-4552
Title and Company	rell Varveit				
NOTE: Signatures of all the inventors signature is required, see below.		interest or their	representative(s) are requi	red. Submit multiple	a forms if more than one
ا ،	rms are submitted.				

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application farm to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/01 (04-05)

Approved for use through 07/31/2006. OMB 0651-0030 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Attorney Docket TPIP023/WO US DECLARATION FOR UTILITY OR Number First Named Inventor **DESIGN** J. Richard Gyory PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) Application Number Filing Date Declaration Declaration X May 11, 2005 OR Submitted after Initial Submitted Art Unit With Initial Filing (surcharge Filing (37 CFR 1.16 (e)) **Examiner Name** required) I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: FREEZE-DRYING MICROSCOPE STAGE APPARATUS AND PROCESS OF USING THE SAME (Title of the Invention) the specification of which IX I is attached hereto was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. **Prior Foreign Application** Foreign Filing Date Priority Certified Copy Attached? Number(s) Country (MM/DD/YYYY) **Not Claimed** NO

[Page 1 of 2]

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/01 (04-05)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

	DECLARATION — Utility or D	esign Pa	tent Application	on		
correspondence to:	ne address sociated with sustomer Number:		OR		Correspondence address below	
Name						
Address						
City		State			ZIP	
Country	Telephone		Em	ail		
and belief are believed to be statements and the like so ma	ments made herein of my own know e true; and further that these sta de are punishable by fine or impris te the validity of the application or a	itements wo	ere made with both, under 18	the kno	wledge that willful false	
NAME OF SOLE OR FIRST IN	IVENTOR:	etition has	been filed for th	is unsiar	ned inventor	
Given Name (first and middle [if any])		Family Name			
J. Richard			Gyor	у	·	
Inventor's Signature	and /13-		1	•	May 9,200	
Residence: City	State	Country		Citizer	nship	
Sudbury	MA //	USA		1	US	
Mailing Address 10 Curry Lane	<i>,</i> , , , ,					
City	State	Zip)		Country	
Sudbury	MA	01776			USA	
NAME OF SECOND INVENTO	DR:		petition has bee	en filed f	or this unsigned inventor	
Given Name (first and middle [i	if any])	1	Family Name or			
Javier			Gonzalez	-Zugas	sti_	
Inventor's Signature					Date	
Residence: City	State	Country		Citizer	nship	
North Billerica	MA MA	USA		AR		
Mailing Address						
15 Angie Road						
City	State	Zip		Count	у	



North Billerica

MA

Additional inventors or a legal representative are being named on the

01862

USA

supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

PTO/SB/01 (04-05)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. **DECLARATION** — Utility or Design Patent Application

Direct all The address OR Correspondence 34846 correspondence to: associated with address below Customer Number: Name Address City State ZIP Country Telephone Email I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname J. Richard Gyory Inventor's Signature Date Residence: City State Country Citizenship Sudbury MA USA Mailing Address 10 Curry Lane State Country Zip Sudbury MA 01776 USA NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname Javier Gonzalez-Zugasti Inventor's Signature Residence: City State Country Citizenship North Billerica MA USA AR Mailing Address 15 Angie Road City State Zip Country North Billerica MA 01862 USA

Additional inventors or a legal representative are being named on the

supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

DECLARATION	· · · · · ·	Suppleme		NVENTOR(S)	Page	4 3 0	
Name of Additional Joint Inventor, if any		П Арк	tition h	as been filed for this u	insigned in	ventor	
Given Name (first and middle (if any))		Family Na	me or S	umame			
David 1		Put	nam		,		
Inventor's Signature			· · · · · ·		Date	5/2/	
I thaca Résidence: Gity	NY State	V [/	Cour	USA htry	Citizen	US ship	
17 Renrick Heights Road		1					
Mailing Address I thaca	NY			14850	1	USA	
City	State	Zip			Countr		
Name of Additional Joint Inventor, if any Given Name (first and middle (if any))			elmon t		n filed for this unsigned inventor mily Name or Surname		
					· ·		
Inventor's Signature			- 7	'	Date		
Residence: City	State			Country		Citizensh	
Mailing Address				1			
City	State			Zip	Count	ту	
Name of Additional Joint Inventor, if an	y:		petition	has been filed for this	unsigned	inventor	
Given Name (first and middle (if any))	1			Family Name or	Surname		
Inventor's	-,				Date		
Signature -	State			Country		Citizensi	
Residence: City	1.555	1 .					
Malling Address					Carr	itn/	
City This collection of information is required by 35 U.S.C. 115 (and by the USPTO to process) an application. Confidenti	State and 37 CFR 1.6	3. The informati	on is req	Zip uired to obtain or retain	Coun a benefit by	the public v	

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.